

# WELCOME TO HOOD RIVER ALPINE VETERINARY HOSPITAL

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as best you can. If you have any questions we will be happy to assist you. We look forward to working with you in maintaining your pets' health.

## CLIENT INFORMATION

Client ID # \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Spouse's Last Name Spouse's First Name

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

If necessary, may we call you at work?  Yes  No

Other people who may be responsible for your pet: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear of us?  Yellow Pages  Internet  Sign / Drive by

Friend Whom may we thank for referring you? \_\_\_\_\_

Name(s) of pet(s) \_\_\_\_\_

On your request we will provide you with a written estimate of fees. A deposit prior to treatment may be required.

**PAYMENT IS REQUIRED AT THE TIME SERVICE IS RENDERED OR WHEN THE PATIENT IS RELEASED.  
WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR CARE CREDIT.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

If under 18 years of age we must have parent or guardian's authorization.